

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OD

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|---|------|-----|-----------|--|--|
| OMB APPROVAL | | | | | |
| OMB Num | | | 3235-0076 | | |
| Expires: | Apri | 130 | 0,2008 | | |
| Expires: April 30,2008 Estimated average burden | | | | | |
| hours per response 16.00 | | | | | |

SEC USE ONLY

Serial

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| 08021269 | UNIFORM LIMITED OFFERING EXEM | PTION |
|---|---|---|
| | <u> </u> | |
| Name of Offering (☐ check if thing the Tully New York, It Filing Under (Check box(es) that app Type of Filing: X New Filing | ly): 🕱 Rule 504 🗌 Rule 505 🗍 Rule 506 📋 Section 4(6) | ULOE Mail Processing Section |
| | A. BASIC IDENTIFICATION DATA | JAN 7 1 2000 |
| 1. Enter the information requested | about the issuer | 12008 |
| Name of Issuer (check if this is Tully New York, LLC | an amendment and name has changed, and indicate change.) | Washington, DC |
| Address of Executive Offices 41-20 46th Street, Ap | (Number and Street, City, State, Zip Code) t. 1-G, Queens, New York 11104 | Telephone Number (Including Area Code) (917) 572-7912 |
| Address of Principal Business Operal (if different from Executive Offices) | ions (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| Brief Description of Business | 1 | PROCESSED |
| A Theatre Production Co | ompany | ₩ X JAN 2 2 2008 |
| Type of Business Organization corporation business trust | Timing to an arranged to the former of | tease specify): THOMSON FINANCIAL ted Liability Company |
| Actual or Estimated Date of Incorpor Jurisdiction of Incorporation or Orga | Month Year ation or Organization: [6] [0] X Actual Estim nization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) NY | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| A. BASIC IDENTIFICATION DAT | TA |
|---|---|
| 2. Enter the information requested for the following: | |
| • Each promoter of the issuer, if the issuer has been organized within the past five year | irs; |
| Each beneficial owner having the power to vote or dispose, or direct the vote or disposit | tion of, 10% or more of a class of equity securities of the issue |
| • Each executive officer and director of corporate issuers and of corporate general and | managing partners of partnership issuers; and |
| Each general and managing partner of partnership issuers. | |
| Check Box(es) that Apply: Promoter 🔀 Beneficial Owner 🗌 Executive Office | |
| Height, Michael | Managing Partner |
| Full Name (Last name first, if individual) | |
| 41-20 46th Street, Apt. 1-G, Queens, New York 11104 | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Office | icer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Office | icer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Office | icer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Office | icer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Offi | icer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Office | icer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

| | | | | | В. Б | NFORMAT | ION ABOU | T OFFERI | NG | | | | |
|-------|---|---|------------------------------|--|---|---|--|--|---|-----------------------------|--|----------------------|----------------|
| 1. | blue the | icener col | i or does th | na iccuar is | stand to ca | ll to nort-a | coredited i | nvectore in | this offer | ina? | | Yes | No · |
| 1. | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | L | | | | | | | |
| 2. | ••• | | | | | | | \$ | | | | | |
| | | | | | | | | | | | | Yes | No |
| 3. | | _ | permit join | | | | | | | | | | X |
| 4. | commis If a pers or state | sion or sim son to be lis s, list the n | ilar remune ted is an ass | ration for s sociated pe roker or de | solicitation rson or age caler. If mo | of purchase ent of a brok ore than five | ers in conne ter or deale e (5) persor | ection with r registered ns to be list | sales of sed I with the S ed are asso | curities in t SEC and/or | irectly, any he offering, with a state sons of such | | |
| Ful | ll Name (| Last name | first, if indi | vidual) | NOT API | PLICABLE | | | | | | | |
| Bu | siness or | Residence | Address (N | umber and | Street, C | ity, State, Z | Lip Code) | | | | | | |
| Na | me of As | sociated B | oker or De | aler | | - · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | | | | | | | | | | | | | |
| Sta | | | Listed Has | | | | | | | | | | |
| | (Check | "All State: | s" or check | individual | States) | | | | | •••••• | | ☐ AI | I States |
| | AL IL MT RI | IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | ME NY VT | DE MD NC VA | MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | MO PA PR |
| Fu | II Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| Bu | siness or | Residence | Address (1 | Niimber an | d Street. C | City, State, | Zin Code) | | | | | | |
| Na | me of As | sociated B | roker or De | aler | | . <u></u> | , | | | | | | |
| Sta | ites in W | nich Persor | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check | "All State: | s" or check | individual | States) | | | ••••• | | | | | l States |
| | AL IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR |
| Fu | ll Name (| Last name | first, if ind | ividual) | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| Bu | siness or | Residence | Address (1 | Number an | d Street, C | City, State, | Zip Code) | | | | | | |
| Na | me of As | sociated B | roker or De | aler | | | | | | | | | |
| Sto | ites in W | hich Person | Listed Ha | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| ., (1 | | | s" or check | | | | | | | | | ☐ Al | 1 States |
| | AL IL MT | AK IN NE SC | AZ IA NV | AR KS NH TN | CA KY NJ | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK | HI MS OR WY | MO PA |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|--|-----------------------------|-------------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | \$ | _ \$ |
| | Equity | \$ 20,00.00 | \$ 20,000.00 |
| | ☐ Common 🔯 Preferred | | _ |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | | |
| | Other (Specify | <u></u> | \$ |
| | Total | \$ 0 20,000 | \$ 0 20,000 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | Aggregate |
| | | Number Investors | Dollar Amount of Purchases |
| | Accredited Investors | 2 | \$ 5,000.00 |
| | Non-accredited Investors | | \$ |
| | Total (for filings under Rule 504 only) | | \$ 5,000.00 |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | | Type of | Dollar Amount |
| | Type of Offering | Security | Sold |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ 20,000 |
| | Total | | \$_ ° |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | |] \$ |
| | Printing and Engraving Costs | |] \$ |
| | Legal Fees | |] \$ <u>2,500</u> |
| | Accounting Fees | |] \$ |
| | Engineering Fees | |] \$ |
| | Sales Commissions (specify finders' fees separately) | |] \$ |
| | Other Expenses (identify) | | -] |
| | Total | |] \$ ⁰ |

| • | C. OFFERING PRICE, NUMBE | R OF INVESTORS, EXPENSES AND USE OF I | PROCEEDS | |
|-----|--|---|--|---|
| | b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Qu proceeds to the issuer." | nestion 4.a. This difference is the "adjusted gross | | \$ 17,500 |
| 5. | Indicate below the amount of the adjusted gross proceeach of the purposes shown. If the amount for any purposes to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C | | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | □\$ | . 🗆 \$ |
| | Purchase of real estate | | \$ | . 🗆 \$ |
| | Purchase, rental or leasing and installation of machi- and equipment | | _ | |
| | Construction or leasing of plant buildings and facilit | ties | \$ | \$ |
| | Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger) | □\$ | | |
| | Repayment of indebtedness | | | |
| | Working capital | | _ | |
| | Other (specify): | | | |
| | | | \$ | |
| | Column Totals | | □ \$_ ⁰ | . S 0.7,500 |
| | Total Payments Listed (column totals added) | □ \$ <u></u> | 17,500 | |
| | | D. FEDERAL SIGNATURE | | |
| sig | e issuer has duly caused this notice to be signed by the un nature constitutes an undertaking by the issuer to furni information furnished by the issuer to any non-accre- | sh to the U.S. Securities and Exchange Commi | ssion, upon writte | ale 505, the following en request of its staff |
| lss | uer (Print or Type) | Signature 1 / / / | Date , | |
| | ally New York, LLC | mittel | 12/21, | 107 |
| Na | me of Signer (Print or Type) | Fitle of Signer (Print or Type) | , ' | |
| N | ichael Height | General Manager | | |

END

- ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)